

# DECLARATION UNDER 35 USC §371(c)(4) FOR PCT APPLICATION FOR UNITED STATES PATENT

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below under my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought, namely the invention entitled: SIMULTANEOUS LONGITUDINAL AND TRANSVERSE FILM

described and claimed in international application number PCT/FR03/003901 filed December 24, 2003.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

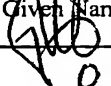
Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed by me or my legal representatives or assigns within one year prior to my international application are hereby claimed:

French Patent Application No. 03/00400 filed January 15, 2003

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to my international application, or (b) before the filing date of the above-named foreign priority application(s):

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, CUSTOMER NUMBER 25944, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	<b>Typewritten Full Name of Sole or First Inventor:</b>	<div style="display: flex; justify-content: space-between;"> <span>Inocente</span> <span>MARCHANTE MORENO</span> </div>		
		Given Name	Middle Initial	Family Name
2	<b>Inventor's Signature:</b>			
3	<b>Date of Signature:</b>	<div style="display: flex; justify-content: space-between;"> <span>08</span> <span>26</span> <span>2005</span> </div>		
		Month	Day	Year
	<b>Residence:</b>	<div style="display: flex; justify-content: space-between;"> <span>Le Bourget du Lac</span> <span>France</span> </div>		
		City	State or Province	Country
	<b>Citizenship:</b>	<div style="display: flex; justify-content: space-between;"> <span>SPAIN</span> </div>		
	<b>Post Office Address:</b>	<div style="display: flex; justify-content: space-between;"> <span>405 Chemin des Essarts</span> </div>		
	<b>(Insert complete mailing address, including country)</b>	<div style="display: flex; justify-content: space-between;"> <span>73370 Le Bourget du Lac, France</span> </div>		

**Note to Inventor:** Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

**1    *Typewritten Full Name***  
***of Joint Inventor:***

Gilbert	TRIVERO
Given Name	Middle Initial
	Family Name

**2 Inventor's Signature:**

Signature	Printed Name	Family Name
	[Name]	[Family Name]

**3 Date of Signature:**

08 26 2005  
Month Day Year

Residence:	La Chavanne		France
	City	State or Province	Country

Citizenship: FRANCE

Post Office Address: Le Cret  
(Insert complete mailing  
address, including country) 73800 La Chavanne, France

**1    *Typewritten Full-Name***  
***of Joint Inventor:***

Given Name	Middle Initial	Family Name
------------	----------------	-------------

**2 Inventor's Signature:**

Given Name	Paternal Surname	Maternal Surname
John	Smith	Johnson
Mary	Johnson	Smith
James	Johnson	Smith
Elizabeth	Smith	Johnson
William	Smith	Johnson
Ann	Johnson	Smith
Robert	Smith	Johnson
Rebecca	Johnson	Smith
Thomas	Smith	Johnson
Sarah	Johnson	Smith
Charles	Smith	Johnson
Abigail	Johnson	Smith
Benjamin	Smith	Johnson
Jessie	Johnson	Smith
Samuel	Smith	Johnson
Emily	Johnson	Smith
David	Smith	Johnson
Frances	Johnson	Smith
George	Smith	Johnson
Harriet	Johnson	Smith
Frederick	Smith	Johnson
Martha	Johnson	Smith
Edward	Smith	Johnson
Isabella	Johnson	Smith
Alfred	Smith	Johnson
Charlotte	Johnson	Smith
Henry	Smith	Johnson
Amelia	Johnson	Smith
Charles	Smith	Johnson
Elizabeth	Johnson	Smith
John	Smith	Johnson
Mary	Johnson	Smith
James	Johnson	Smith
Elizabeth	Smith	Johnson
William	Smith	Johnson
Ann	Johnson	Smith
Robert	Smith	Johnson
Rebecca	Johnson	Smith
Thomas	Smith	Johnson
Sarah	Johnson	Smith
Charles	Smith	Johnson
Abigail	Johnson	Smith
Benjamin	Smith	Johnson
Jessie	Johnson	Smith
Samuel	Smith	Johnson
Emily	Johnson	Smith
David	Smith	Johnson
Frances	Johnson	Smith
George	Smith	Johnson
Harriet	Johnson	Smith
Frederick	Smith	Johnson
Martha	Johnson	Smith
Edward	Smith	Johnson
Isabella	Johnson	Smith
Alfred	Smith	Johnson
Charlotte	Johnson	Smith
Henry	Smith	Johnson
Amelia	Johnson	Smith
Charles	Smith	Johnson
Elizabeth	Johnson	Smith
John	Smith	Johnson
Mary	Johnson	Smith
James	Johnson	Smith
Elizabeth	Smith	Johnson
William	Smith	Johnson
Ann	Johnson	Smith
Robert	Smith	Johnson
Rebecca	Johnson	Smith
Thomas	Smith	Johnson
Sarah	Johnson	Smith
Charles	Smith	Johnson
Abigail	Johnson	Smith
Benjamin	Smith	Johnson
Jessie	Johnson	Smith
Samuel	Smith	Johnson
Emily	Johnson	Smith
David	Smith	Johnson
Frances	Johnson	Smith
George	Smith	Johnson
Harriet	Johnson	Smith
Frederick	Smith	Johnson
Martha	Johnson	Smith
Edward	Smith	Johnson
Isabella	Johnson	Smith
Alfred	Smith	Johnson
Charlotte	Johnson	Smith
Henry	Smith	Johnson
Amelia	Johnson	Smith
Charles	Smith	Johnson
Elizabeth	Johnson	Smith
John	Smith	Johnson
Mary	Johnson	Smith
James	Johnson	Smith
Elizabeth	Smith	Johnson
William	Smith	Johnson
Ann	Johnson	Smith
Robert	Smith	Johnson
Rebecca	Johnson	Smith
Thomas	Smith	Johnson
Sarah	Johnson	Smith
Charles	Smith	Johnson
Abigail	Johnson	Smith
Benjamin	Smith	Johnson
Jessie	Johnson	Smith
Samuel	Smith	Johnson
Emily	Johnson	Smith
David	Smith	Johnson
Frances	Johnson	Smith
George	Smith	Johnson
Harriet	Johnson	Smith
Frederick	Smith	Johnson
Martha	Johnson	Smith
Edward	Smith	Johnson
Isabella	Johnson	Smith
Alfred	Smith	Johnson
Charlotte	Johnson	Smith
Henry	Smith	Johnson
Amelia	Johnson	Smith
Charles	Smith	Johnson
Elizabeth	Johnson	Smith
John	Smith	Johnson
Mary	Johnson	Smith
James	Johnson	Smith
Elizabeth	Smith	Johnson
William	Smith	Johnson
Ann	Johnson	Smith
Robert	Smith	Johnson
Rebecca	Johnson	Smith
Thomas	Smith	Johnson
Sarah	Johnson	Smith
Charles	Smith	Johnson
Abigail	Johnson	Smith
Benjamin	Smith	Johnson
Jessie	Johnson	Smith
Samuel	Smith	Johnson
Emily	Johnson	Smith
David	Smith	Johnson
Frances	Johnson	Smith
George	Smith	Johnson
Harriet	Johnson	Smith
Frederick	Smith	Johnson
Martha	Johnson	Smith
Edward		

**3 Date of Signature:**

---

Month
Day
Year

Residence: \_\_\_\_\_

City	State or Province	Country

Citizenship:

Post Office Address: \_\_\_\_\_  
(Insert complete mailing  
address, including country)

**1**    ***Typewritten Full Name***  
***of Joint Inventor:***

Given Name	Middle Initial	Family Name
------------	----------------	-------------

**2 Inventor's Signature:**

**3 Date of Signature:**

\_\_\_\_\_  
 Month Day Year

Residence: \_\_\_\_\_

City	State or Province	Country

Citizenship: \_\_\_\_\_

Post Office Address: \_\_\_\_\_  
(Insert complete mailing  
address, including country)

**1    *Typewritten Full Name***  
***of Joint Inventor:***

Given Name	Middle Initial	Family Name
------------	----------------	-------------

**2 Inventor's Signature:**

Given Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Family Name: \_\_\_\_\_

**3 Date of Signature:**

---

Month
Day
Year

Residence: \_\_\_\_\_

City	State or Province	Country

**Citizenship:**

Post Office Address: \_\_\_\_\_  
(Insert complete mailing  
address, including country)

**Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.**

**This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.**